

healthwatch

Stockton-on-Tees

Healthwatch Stockton-on-Tees
Network Discussion July 2013



Introduction

Healthwatch Stockton-on-Tees held its first network discussion week commencing 8th July. During this week, a physical meeting was held at Stockton Central Library and a virtual discussion forum was held through the Healthwatch Stockton-on-Tees website on two different occasions to ensure that those people that were unable to come along to the meeting, had the opportunity to participate in the discussion.

The agenda and content for both the physical and virtual discussions were identical, giving Healthwatch members the opportunity to comment and share their views on:

- What they expect from Healthwatch Board Members
- How Healthwatch can best engage with the people they know and represent
- What health and social care issues they think the Board should consider as a priority over the next year

A total of 36 people both individuals and organisation representatives engaged with Healthwatch Stockton-on-Tees during the first network discussion. All information from the Healthwatch Stockton-on-Tees discussion will be compiled and submitted to the Healthwatch Board, once in place.

Suggestions on engagement and work programme topics will be continually added to this document.

Summary of discussion

What do you expect from Healthwatch Board Members?

Accessible

- Have the ability to commit the necessary time to be a representative
- Be accessible and available
- Flexible
- The Board should be interlinked and open to the network
- Provide practical access and support
- Feedback to network
- Good listener

Representativeness

- Board members should be from different 'walks of life/ experience'
- Represent people from the local community
- Have knowledge of disabilities e.g. sensory
- Knowledge of geographical area and communities

Varied skills and attributes

- Dedication
- Approachable
- Understanding
- Listen to people
- Assertive- not afraid to speak up
- Leadership qualities- forward thinking
- Take information from the community to influence at a strategic level
- Good communicator/ credible at all levels
- Team worker
- Confidentiality
- Enthusiasm
- Compassion
- Don't use jargon
- Committed
- Respectful
- Lateral thinker
- Not afraid to challenge in a constructive way
- Professional and challenge internal whistleblowing- if unhappy with Healthwatch Board
- Champion seldom heard groups
- Proactive and encouraging
- Passion and motivation
- Credible
- Empathetic

Varied knowledge

- To be in touch with grass roots of the community
- Awareness of ethnic issues
- Knowledge of health and social care issues
- Experience of working at a higher level is just as important as knowledge
- Have additional support and training for people to operate on the Board so people are not excluded
- Awareness of issues and inequalities and justice, not just health and social care
- Knowledge of beneficiaries of people/ communities

The panel need to be mindful of how the Board member's mix of skills and experience complement each other.

Have an awareness of anyone who presents themselves as an expert- continuous learning.

What do you think should be on the work programme for Healthwatch?

BME elders and Dementia and BME hidden carers (more day care centres needed).

Lack of day care services for people falling out of FACS criteria- including young adults, adults and older people- links into loneliness agenda.

Adult mental health review- lots of people not consulted. Fee paying- personal budget. Underused services at Norton Road/ Ware Street. Timelines of Local Authority review.

Monitor cuts in facilities in health and social care.

Rapid increase in food banks- monitor affect on health and wellbeing of families.

Waiting list time for counselling services.

Healthy eating- promote more economical use and education in schools.

Support for breastfeeding and promotion.

Lack of advocacy- sufficient funding not allocated.

Issues around getting a social care/ carers assessment for people with mental health/ drug and alcohol issues (lack of communication between social care teams).

Welfare reforms affecting health and wellbeing of people.

Issues around information sharing for children/ young people with process of multi disciplinary teams e.g. a parent would need to repeat themselves multiple times to the CAMHS team, SBC, North Tees Hospital and GP. Information is not readily shared and when it is there can be significant delays in communications.

It has also been highlighted that when these meetings are held people feel very unsupported, intimidated and at the same time sometimes trying to amuse/ distract their child. The rooms are often not child/ young person friendly particularly in relation to additional needs.

Family members or carers can often feel intimidated and unsupported during discharge meetings at hospital when a lot of professionals are involved.

Drugs and alcohol- rehabilitation.

Awareness of 111 telephone system.

Awareness of NHS services to young people.

Healthy eating- promote more economical use and education in schools.

Podiatry for diabetics- waiting times.

-Access to health services for destitute/refused asylum seekers.

- Long term mental health impacts on refugees through home country experiences and the asylum process.

- Cultural health issues such as Female Genital Mutilation.

- Choice around GP services for asylum seekers (rather than having to go to the GP practices designated for asylum seekers).

- Lack of knowledge among refugee communities around specialist health services.

Young people's voice in relation to the development of mental health services should be increased to ensure that the services that are provided are in line with their needs. Social prescribing and offering the opportunity to access socialisation groups could save the NHS a fortune in the costs of medication and therapy.

Accessibility for Deaf people!!! No BSL interpreters, no lip speakers, no STTR. It's a disaster waiting to happen!

Really important to engage with young people. Our youth workers have experience working with children and young people who are not registered with primary care services such as dentists. Could Healthwatch do some more work around this?

Sexual health for young people- access to contraception.

Access to GP Practices for people with a sensory loss- calling for appointments and seating arrangements.

Monitor the pilot in Norton re reduction in GP surgeries leading to increase use of A&E and walk in centres.

Medication issues at North Tees Hospital- often omitting meds when people are admitted into hospital (people might wait 2-4 days for essential meds to come back into stock.

Facilities at new hospital. Reduction in the number of beds- what will be the impact?

Personalisation- lack of understanding, lack of choice- feels like its not working in Stockton but it works elsewhere. Why? And what can we do?

Communication with family and friends at North Tees Hospital- appalling complaints system not working.

Podiatry- appointment system not successful. Why not use local GP surgeries?

How should the Healthwatch Board prioritise the work programme?

Vulnerability

- Seldom heard and vulnerable groups.
- Most marginalised people that are affected.

Balance

- Some work should be lined up with Health and Wellbeing Board and Joint Strategic Needs Assessment and others should stand alone, identified by members.
- Important to have a balance on the type of work plans.

How timely it affects people e.g. whether the issue will affect them in 6 months or 2 years.

Seek help and advice from other groups.

Work plan must be achievable and have resources and skills available.

Board should come up with a decision making process.

Small changes that can have a big impact.

Biggest trend and most important to community at that time through evidence from Healthwatch engagement.

How should the network meet?

Quarterly- however initially this may have to be more frequent.

Task groups and intensive.

Virtual meetings are a good idea.

Bring the information volunteers together for frequent meetings.

There has got to be a reason to meet.

Physical meetings for better interaction.

Timing is important- it needs to vary.

How should Healthwatch engage with the people you know or represent?

Make links with women's institutes.

Variety of venues and the ability to adapt.

Hospitals and libraries.

Publicity through existing networks e.g. GPs, Post offices, Hairdressers and Libraries.

Community centre drop ins.

Look at how delivery partners are scoped.

Phone and text to be more accessible.

Stockton news

Engage with people in their own homes (e.g. where housebound).

George Hardwick.

Be accessible.

Hot desk at Billingham Community Centre.

Church magazine.

Connections with communities during significant times e.g. religious events.

Target people who don't have ongoing health problems.

Credit Union.

Smaller group meetings.

Build trust and maintain credibility amongst communities.

Work with existing networks- don't reinvent the wheel/ duplicate.

If Healthwatch provide a training pack or DVD, people and organisations can provide ongoing training to staff and volunteers.

Get in touch with patient Participation Groups.

Find out what there is and look for any gaps.

Use partners e.g. Tristar

In terms of engagement with Refugee Communities:

- Support in understanding opportunities for speaking up. It may require additional support to ensure refugee community representatives feel confident to attend consultation/network events and also to speak up at these events. Ensuring the use of participatory methods would help with this.
- Some issue specific events that would engage groups with the opportunity for further engagement in wider issues.
- Trust and relationship building is key for engagement.
- Attend networks/activities where refugees and asylum seekers are already attending - 'their space' (e.g. drop-ins, community events) rather than trying to get people to come into 'your space'.

Consideration for people who do not have access to the internet/ computers.

Formal recognition from the voice forum is needed.

Hot desk in deprived areas of the community.

Ensure minority communities have their voice heard.

Members can distribute leaflets and promotional materials.

It would be great if those regional organisations who do work with local residents could also be involved (for example, the regional Change Ur Mind group - www.changeurmind.org.uk).

This virtual forum seems like a good way of involving people or maybe use a facebook group for younger people?

Organisations can promote and advertise on their website.

Radio Cleveland.

Simple advertising strategy. How do Healthwatch intend to promote? A flow chart to illustrate would be useful.

Engagement needs to be in a 'hub' where people are as well as other services.

Ask members what they are confident to do.

Distribution of information- diverse formats to diverse range of groups (e.g. language, Braille and easy read).

Closing comments from the discussion

Prefer physical meetings.

Face to face is more productive.

Nice to meet the new team.

The ethos of the organisations- proactive or reactive?

Ask people how they want to be involved and tailor the emails to what they want.

Didn't have an agenda for this meeting.

Connective and informative.

Roving microphone is required.

Really enjoyed today and good to meet everyone and get thinking about Healthwatch.

Representative network is needed- the age range here today is too high- recruit more young members. Also gender bias- more females.

Very well organised event everyone given time to air their views.

Every meeting should be fully accessible and no decisions made without us.

Also try and get minority sectors on the board i.e. young people, sensory disabled, BME to name three sectors that need to be represented from the top.

Next steps

All the information from the network discussion will be compiled and submitted to the Healthwatch Board including methods of engagement, work programme suggestions and how the network should meet. The information gathered around what people want from Board members will be considered by the panel when interviewing candidates for the Board.

Responses to questions asked throughout the network discussion will be answered and published on the Healthwatch website www.healthwatchstocktonontees.co.uk

Contact

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